

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS	
FILED	
MAR - 8 2021	
CLERK, U.S. DISTRICT COURT	
By	40 BIDDAH, Deputy

DELRERT MARK BUSTOS CID # 0287555

Plaintiff's Name and ID Number

TARRANT COUNTY SHERIFF'S OFFICE
Place of Confinement4-21CV-410-0

CASE NO.

(Clerk will assign the number)

v.

TARRANT COUNTY SHERIFF'S OFFICE
Defendant's Name and Address100 LIMAR STREET
Defendant's Name and AddressFORT WORTH, TEXAS 76196
Defendant's Name and Address
(DO NOT USE "ET AL.")**INSTRUCTIONS - READ CAREFULLY****NOTICE:****Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: N/A

2. Parties to previous lawsuit:

Plaintiff(s) N/A

Defendant(s) N/A

3. Court: (If federal, name the district; if state, name the county.) N/A

4. Cause number: N/A

5. Name of judge to whom case was assigned: N/A

6. Disposition: (Was the case dismissed, appealed, still pending?) N/A

7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: TARRANT COUNTY SHERIFF'S OFFICE

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: DELBERT MARK BUSTOS CID #0287555
100 NORTH LAMAR STREET
FORT WORTH, TEXAS 76196

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: TARRANT COUNTY SHERIFF'S OFFICE
100 NORTH LAMAR STREET, FORT WORTH, TEXAS 76196

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

LACK OF TIMELY MENTAL, MEDICAL, AND DENTAL HELP

Defendant #2: N/A
N/A

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

N/A

Defendant #3: N/A
N/A

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

N/A

Defendant #4: N/A
N/A

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

N/A

Defendant #5: N/A
N/A

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

N/A

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

SINCE APPROXIMATELY OCTOBER, 10TH, OF 2020, I HAVE BEEN INCARCERATED IN THE TARRANT COUNTY SHERIFF'S OFFICE. DUE TO TARRANT COUNTY SHERIFF'S OFFICE POLICIES AND PROCEDURES I AM BEING DENIED TIMELY MHMR, DENTAL, AND MEDICAL TREATMENTS.

SEE PAGE 4A

SEE EXHIBITS A, B, AND C

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PLEASE INSTRUCT THE TARRANT COUNTY SHERIFF'S OFFICE TO GIVE ME THE NEEDED TREATMENT.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

DELBERT MARK BUSTOS ; MASTER DELBERT MARK BUSTOS

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

TDCJ-CID #370840 ; FEDERAL #39152-177

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A

2. Case number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? YES NO

PLEASE SEE EXHIBIT A

AFTER NUMEROUS ATTEMPTS TO HAVE MY MENTAL HEALTH TREATED AN ANSWER TO MY GRIEVANCE STATED "FORWARDED FOR INVESTIGATION". I BELIEVE THIS ANSWER PUTS MY TREATMENT IN A "TIME LIMBO". REQUEST TO BE SEEN BY A PSYCHIATRIST HAS NOT BEEN HONORED.

PLEASE SEE EXHIBIT B

THE MEDICAL DEPARTMENT STATES "DENTAL DEPARTMENT IS NOT A REFLECTION ON THE MEDICAL DEPARTMENT" WHILE YOU MUST GO THROUGH THE MEDICAL DEPARTMENT FOR DENTAL TREATMENT, APPROXIMATELY, OCTOBER 10th, I REQUESTED DENTAL TREATMENT FOR A TOOTH BROKEN OFF AT THE GYM LINE, AS OF PRESENT, NO TREATMENT.

PLEASE SEE EXHIBIT C

UPON ARRIVAL AT THE TARRANT COUNTY SHERIFF'S OFFICE TWO XRAYS WERE TAKEN OF MY RIGHT WRIST. NO FURTHER TREATMENT HAS BEEN GIVEN. I HAVE SEVERE PAIN IN MY RIGHT WRIST.

(PAGE 4A)

Tarrant County Sheriff's Office
Grievance Response Form

G206420	10/26/2020	FLETCHER	23. MHMR REQUEST TO SEE /
<i>Number</i>	<i>Received Date</i>	<i>Assigned To</i>	<i>Classification</i>
59-D	BUSTOS, DELBERT MARK	0287555	
<i>Housing</i>	<i>Name</i>	<i>CID</i>	

Grievance Response Summary

MR. BUSTOS, YOUR COMPLAINT REQUESTING AN MHMR PROVIDER AND MEDICATIONS WAS FORWARDED FOR INVESTIGATION

EXHIBIT A

"Grievance procedures are described in the Inmate Handbook. In the event you have lost or misplaced your Inmate Handbook, you may request a replacement from the housing officer."

Tarrant County Sheriff's Office
Grievance Response Form

G206883	11/3/2020	W. DUBON	11/12/2020	19. MEDICAL GENERAL
Number	Received Date	Assigned To	Close Date	Classification
59-D	BUSTOS, DELBERT MARK		0287555	
Housing	Name			CID

Grievance Response Summary

MR. BUSTOS, YOU MAY SUBMIT A MEDICAL REQUEST FORM TO DENTAL TO ADDRESS YOUR CONCERNs. THE DENTAL DEPARTMENT SCHEDULES THEIR OWN APPOINTMENTS ACCORDING TO THE SEVERITY OF THE DENTAL ISSUE. THE DENTAL DEPARTMENT IS NOT A RELFECTION ON THE MEDICAL DEPARTMENT.

EXHIBIT B

"Grievance procedures are described in the Inmate Handbook. In the event you have lost or misplaced your Inmate Handbook, you may request a replacement from the housing officer."

Tarrant County Sheriff's Office
Grievance Response Form

G206882	11/3/2020	W. DUBON	11/12/2020	19. MEDICAL GENERAL
Number	Received Date	Assigned To	Close Date	Classification
59-D	BUSTOS, DELBERT MARK		0287555	
Housing	Name		CID	

Grievance Response Summary

MR. BUSTOS, REFER TO PAGE 9 OF THE INMATE HANDBOOK. IN THE EVENT OF AN EMERGENCY, NOTIFY AN OFFICER. THE OFFICER WILL CONTACT THE APPROPRIATE MEDICAL AUTHORITIES. IF YOUR CONDITION IS NOT AN EMERGENCY, OBTAIN A MEDICAL REQUEST FOR SERVICES FROM THE OFFICER OR ON THE TABLET. FILL IT OUT COMPLETELY AND DESCRIBE YOUR MEDICAL PROBLEM IN DETAIL, LEGIBLY IN THE SPACE PROVIDED.

EXHIBIT C

"Grievance procedures are described in the Inmate Handbook. In the event you have lost or misplaced your Inmate Handbook, you may request a replacement from the housing officer."

C. Has any court ever warned or notified you that sanctions could be imposed? YES NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warning was issued: N/A

Executed on: 3/1/2021
/ DATE

Dellert Mark Burton

CID #0287555

(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 1 day of MARCH, 20 21.
(Day) (month) (year)

Dellert Mark Burton

CID # 0287555

(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

UNITED STATES DISTRICT CLERK
501 WEST 10TH STREET, Room 310
FORT WORTH, TEXAS 76102

3-1-2021

RE: "1983" FILING

DEAR SIR OR MADAM,

I WISH YOU A VERY WONDERFUL DAY!
PLEASE ACCEPT THIS "1983" FILING. I PRAY
YOU WILL HELP COMPLETING THIS FILING? AFTER
NUMEROUS ATTEMPTS INQUIRING OF THE TARRANT
COUNTY SHERIFF'S OFFICE I AM UNABLE TO
HAVE COPIES MADE OF MY ATTACHMENTS. WOULD
YOU PLEASE COPY THESE THREE "GRIEVANCE
EXHIBITS AND ATTACH THEM TO THE ENCLOSED
FILING?

ALSO, AFTER MANY INQUIRIES OF THE
TARRANT COUNTY SHERIFF'S OFFICE, I AM UNABLE
TO HAVE THEM RELEASE ANY FUNDS FROM MY
COMMISSARY ACCOUNT FOR THE FILING FEE.
I HAVE AN AVERAGE OF \$400.00 IN MY
ACCOUNT A MONTH.

PLEASE MAKE COPIES 4A, EXHIBITS A, B, C.
IF I NEED TO FILE "IN FORMA PAUPERIS" INFORM ME OF SUCH?

(PAGE 1 OF 2)

I DON'T KNOW WHY TARRANT COUNTY
SHERIFF'S OFFICE DOES NOT HAVE PROCEDURES
FOR THESE THINGS. I GREATLY APPRECIATE
YOU HELP WITH THIS FILING.

RESPECTFULLY YOURS,

Delbert Mark Bustos

DELBERT MARK BUSTOS
CID # 0287555
100 NORTH LAMAR STREET
FORT WORTH, TEXAS 76196

P.S. WOULD YOU PLEASE DATE STAMP
MY COPY AND MAIL IT BACK
TO ME IN THE ENCLOSED
ENVELOPE? THANKS!

DELBERT MARK Bustos
CID # 028755

100 NORTH LAMAR STREET
FORT WORTH, TEXAS 76196

11
LEGAL MAIL
11
UNITED STATES DISTRICT COURT
501 WEST 10TH STREET
FORT WORTH, TEXAS

